



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
DIVISION OF REGULATORY BOARDS  
PRIVATE PROTECTIVE SERVICES  
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR  
NASHVILLE, TENNESSEE 37243-1158  
PHONE (615) 741-6382 FAX (615)-532-2965

**FOR OFFICIAL USE ONLY**

File # \_\_\_\_\_

Xact # \_\_\_\_\_

# **CERTIFIED TRAINER - APPLICATION**

*READ INSTRUCTIONS ATTACHED TO THIS APPLICATION*

REMOVE INSTRUCTIONS BEFORE SUBMITTING APPLICATION - TYPE OR PRINT ALL AREAS OF THIS APPLICATION

**All application and fingerprint fees must accompany this application.**

**A certification fee will be assessed upon approval of this application.**

1. I am applying for Trainer certification in the following category(s):

- ☐ UNARMED  
☐ ARMED  
☐ BATON  
☐ CHEMICAL SPRAY  
☐ STUN GUN

2. **PERSONAL DATA:**

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residence (Street) Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Area Code) Home Phone Number \_\_\_\_\_ E-mail address (If available) \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Place (City, State) of Birth \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

a. Are you a United States citizen? Yes ☐ No ☐

b. Have you ever used a name other than the one by which you are applying? Yes ☐ No ☐

If yes, give the name(s) \_\_\_\_\_

Explain why the name(s) was used: \_\_\_\_\_

c. Are you affiliated with a Contract Security Company, Proprietary Security Organization or Training School? Yes ☐ No ☐

If yes, please give the full name of the company or organization, business address, telephone number, fax number and E-mail address (if available) and the nature of your affiliation.

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Area Code) Telephone Number \_\_\_\_\_ (Area Code) Fax Number \_\_\_\_\_ E-mail address (If available) \_\_\_\_\_

Nature of Affiliation \_\_\_\_\_

- 3. Criminal History Information:** Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigations (FBI). **If you answer to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charge(s). If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.**

a. Have you ever been arrested in Tennessee or any other state? Yes ☐ No ☐

If yes, what state(s)? \_\_\_\_\_

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes ☐ No ☐

c. Once there, were you fingerprinted, photographed and booked into jail? Yes ☐ No ☐

d. Were charges filed against you? Yes ☐ No ☐

If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

Date	Charge	City	State
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Date	Charge	City	State
------	--------	------	-------

Date	Charge	City	State
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e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes ☐ No ☐

f. Did the court find you guilty or not guilty? Yes ☐ No ☐

g. If you were found guilty, what was the sentence of the court? (Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.)

Date	Charge	Sentence	Probation Completed Date
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Date	Charge	Sentence	Probation Completed Date
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h. Are you currently on a deferred sentence or on probation? Yes ☐ No ☐

i. Did the court dismiss the charges against you? Yes ☐ No ☐

j. Were those charges against you expunged from your record by the court? Yes ☐ No ☐

If yes, you must provide a copy of the expungement order.

k. Do you currently have charges pending against you? Yes ☐ No ☐

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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4. Have you ever been declared incompetent by reason of mental defect or disease? Yes ☐ No ☐

5. Are you currently suffering from habitual drunkenness or any narcotic addiction? Yes ☐ No ☐

6. Have you ever served in Military Service? Yes ☐ No ☐
- a. If yes, what branch? \_\_\_\_\_
- b. Are you presently serving in Military Service? Yes ☐ No ☐
- c. If you have been discharged from Military Service, what type of discharge did you receive?
- ☐ Honorable ☐ Dishonorable ☐ Medical ☐ Other (Please Explain)
7. Have you read the Tennessee statutes pertaining to Private Protective Services and the corresponding Administrative Rules? Yes ☐ No ☐
8. Do you understand your responsibilities? Yes ☐ No ☐
- You are encouraged to contact this office if you have any questions concerning the statutes, Administrative Rules or any part of your responsibilities as a certified trainer.*
9. **I HAVE ENCLOSED:**
- ☐ a. Documents **Verifying Experience:** In accordance with Tennessee Code Annotated §62-35-126(2), if you wish to qualify for certification, attach qualifying documentation of at least one (1) year of supervisory experience with a contract security company or proprietary security organization, or with any federal, United States military, state, county or municipal law enforcement agency.
- ☐ b. Documents **Verifying Training:** In accordance with Tennessee Code Annotated §62-35-126(3), if you wish to qualify for certification, attach qualifying documentation/certificates proving that you are personally qualified for each field in which you wish to train.
- ☐ c. The Required Application Fee: In accordance with Private Protective Services Administrative Rule 0780-5-2-.23(2), please include all applicable fees required for the processing of your application.

**10. STATEMENT OF COMPLIANCE AND UNDERSTANDING:**

I HAVE READ TENNESSEE CODE ANNOTATED TITLE 62, CHAPTER 35, AND AM FAMILIAR WITH THE CORRESPONDING ADMINISTRATIVE RULES.

I UNDERSTAND THAT ANY FALSE STATEMENT(S) AND/OR MISREPRESENTATIONS(S) GIVEN BY ME ON THIS APPLICATION OR ON ANY ATTACHMENTS WILL BE PUNISHABLE UNDER TENNESSEE CODE ANNOTATED, TITLE 62, CHAPTER 35. THEREFORE, I CERTIFY THAT ALL ANSWERS, STATEMENTS, AND INFORMATION GIVEN HEREIN AND ON ANY ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to, before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

[NOTARY SEAL]

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_



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# CERTIFIED TRAINER - APPLICATION INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

**READ ALL INSTRUCTIONS CAREFULLY!** *Date Application Mailed/Submitted to the State:* \_\_\_\_\_

## APPLICATION, FINGERPRINT AND CERTIFICATION FEES

Application Fee	\$100.00
Fingerprint Processing Fees	\$48.00 (Current Rate - \$24.00 - TBI, \$24.00 - FBI)
Certification Fee	\$50.00

You may not begin work as a Certified Trainer until this office has issued your Trainer certification.

Before proceeding, read the enclosed copy of the Tennessee Private Protective Services Law and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating private protective services in the State of Tennessee.

Average processing time for this application is 2-4 months. Allow 3 months for the processing of your fingerprints by the TBI/FBI, plus one (1) month for in-house processing of your application.

**IF YOU FAIL TO RESPOND TO ANY CORRESPONDENCE FROM THIS OFFICE, YOUR APPLICATION WILL BE CLOSED OR DENIED.**

**READ AND COMPLETE EACH PORTION OF THIS APPLICATION CAREFULLY!**

*Applicant for **CERTIFIED TRAINER** must be at least twenty-one (21) years of age.*

## AN APPLICANT FOR SECURITY GUARD/OFFICER TRAINER CERTIFICATION MUST SUBMIT:

- g An application completed in its entirety. The application shall be subscribed and sworn to by the applicant before a duly appointed Notary Public.
  - g The application fee of \$100.00 and the fingerprint fee of \$48.00 is non-refundable and must be submitted with the application. The application will not be processed without all the required application fees.
  - g Three (3) sets of classifiable fingerprints on fingerprint cards provided by this office, for each individual applying for licensure. Prints must be rolled nail to nail by a qualified, trained technician on the cards provided by this office. The cards must be completed fully and signed. All questions in the blocks at the top of the cards must be answered. Enter N/A if the question does not apply to you.
  - g A resume outlining the education and experience of the applicant, including descriptions of all employment or occupations engaged in during the immediate past five (5) years.
  - g The appropriate supporting documentation showing at least one (1) year of supervisory experience in a security related field, refer to T.C.A. §65-32-126. A resume **is not** considered proof of experience.
  - g The appropriate documentary evidence of the qualifications to conduct the training for which you are applying, such as:
    - An instructor's certificate issued by the Tennessee Peace Officer Standards and Training Commission.
    - An instructor's certificate issued by a federal, United States military, state, county or municipal law enforcement agency.
    - An instructor's certificate issued by the National Rifle Association.
- FOR UNARMED TRAINER ONLY:** Instructor certificates in the areas of self-defense, CPR, Emergency Procedures, etc . . . may be sufficient.

**IF YOUR ADDRESS CHANGES DURING THE APPLICATION PROCESS OR AFTER ISSUANCE, YOU MUST NOTIFY THIS OFFICE IN WRITING OF YOUR NEW ADDRESS.**

**You should keep a photocopy of this application for your files, before forwarding it to this office.**